SUBMIT COMPLETED ORIGINAL APPLICATION, TAX STATEMENT AND FEE TO:

Bayfield County Zoning Department P.O. Box 58 Washburn, WI 54891 (715) 373-6138

APPLICATION FOR PERMIT
BAYFULLE COUPY WESCONSIN

JUL 08 2011 JUL 08 2011

Bayfield Co. Zoning Dept.

Date: Amount Paid: \$75.00 605 Application No. Zoning District

ENTENED

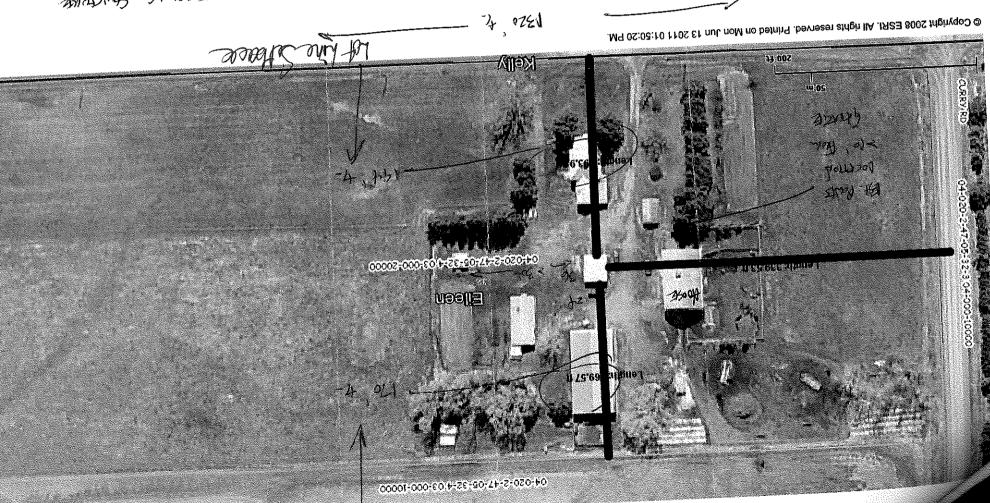
INSTRUCTIONS: No permits will be issued until all fees are paid. Checks are made payable to: Bayfield County Zoning Department. DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAV Changes in plans must be approved by the Zoning Department

•	(we) acknowledge that I (we) am (are) responsible for the detail and ascuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether (we) acknowledge that I (we) am (are) providing in or with this application. I (we) to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information I (we) am (are) providing in or with this application. I (we) to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information I (we) am (are) providing in or with this application. I (we) on several to county officials charged with administering county frimances to have accepts to the above described property at any reasonable time for the purpose of inspection.	(we) acknowled to issue a pen consent to con
	[] Residential Other (explain) FAILURE TO OBTAIN A PERMIT or STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES You have the data this continuous fractulation and accommand information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I	☐ Residenti
	TO I	☐ Residenti
	☐ Residential Addition / Alteration (explain) (ANARE (34734) ☐ Special/Conditional Use (explain)	☐ Residenti
	e sq. ft Garage sq. ft ☐ Commercial Other (explain)	Residence sq. ft.
	nce w/attached garage (# o	□ * Reside
	a sq. ft. Porch sq. ft Commercial Accessory Building (explain)	Residence sq. ft.
	w/deck-porch (# of bed	□ * Reside
	sq. ft	Residence sq. ft.
		□ * Reside
	Square Footage & Sanitary: New Existing & Type of Septic/Sanitary System Col	Fair Market Value
	Ta Shoreland Zone? Yes I No A 11.1851. Distance in the Shore with Shore and the Shore with Shore wi	ls your struc
	Office)(work) without from Charolina proofer than 75]	Telephone
	Aland LAL SUSCE Authorized Agent (Phone)	As/
	Property 26500 St thex 118 Plumber	Address of Property
525	Stephen Stipetical	Property Owner
	Pageof Deeds/Parcel l.D. Of _ 02-02-2-41-05-32-4	Volume
	LotBlockSubdivisionCSM #Acreage 2.*/-	Gov't Lot
	nt for Legal Description SU 1/4 of Section 32 Township 47 North, Range 5	Use Jax Stateme
	SANITARY PRIVY CONDITIONAL USE SPECIAL USE B.O.A. OTHER	LAND USE
	DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT. Changes in plans must be approved by the Zoning Department.	DO NOT START CON Changes in plans must

Owner or Authorized Agent (Signature) ★ See Notice on Back Address to send permit 26500 APPLICANT PLEASE COMPLETE REVERSE SIDE 1) Copy of Tax Statement or (If you recently purchased the property Attach a Copy of Recorded Deed) 6//

Condition:	Mitigation Plan Required: Yes □ No ☑	Inspection Record: SANGENHT S FLO MALLY MAYO ME (SUED)	Permit Issued: Date 8-1-11 Reason for Denial
Condition: 10 CHAIN S OF MINICASS GHALTE HAS BUT Signed De Propieto State Signed De Propieto State Signed De Propieto Signed D	! Yes □ No M	Inspection Record: Specialist Septemas/Califortists to technication by addition throughts to the control of the	State Sanitary Number
ned A A Inspector		As Management sp achieve	NumberDate
7.24.10 Date of Approval	_ Variance (B.O.A.) #	Date of Inspection 7-25-1	Date

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